



# Lump Sum Beneficiary Designation

Member's Full Name

Social Security Number

Date of Birth

Telephone Number

**Check either Box 1 or Box 2. If you check Box 2, indicate benefit type.**

1. ☐ I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES for any lump sum death benefits payable under the Public Employees' Retirement Law in the event of my death as a retired person.

**OR**

2. ☐ I wish to designate separate beneficiaries for the various lump sum benefits that may be payable. This designation is for:

☐ Retired Death Benefit ☐ Option 1 Balance ☐ Temporary Annuity Balance ☐ Option 4 – Option 1 Balance

## Primary Beneficiaries

Full Name Relationship to Member Social Security Number

Mailing Address City State ZIP

Full Name Relationship to Member Social Security Number

Mailing Address City State ZIP

Full Name Relationship to Member Social Security Number

Mailing Address City State ZIP

## Secondary Beneficiaries

In the event I survive the person(s) named above, I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES.

Full Name Relationship to Member Social Security Number

Mailing Address City State ZIP

Full Name Relationship to Member Social Security Number

Mailing Address City State ZIP

**(Please continue to back)**

## Member Acknowledgment

Should I survive all of the persons named, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the CalPERS Board of Administration, all in accordance with the applicable provisions of law.

**By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage, dissolution or annulment of my marriage, or the birth or adoption of a child subsequent to the date I execute this form will automatically void this designation.**

☐ I am not married.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Member's Signature Date

## Spouse's Acknowledgment

By signing this beneficiary designation form, I acknowledge that I am aware of the designation made by my spouse. I also hereby state that I am the current spouse.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Spouse's Signature Date  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Marriage

***Please Note: If you are not legally married OR if your spouse does not sign this form, you must complete and submit a Justification for Absence of Spouse's Signature (PERS-BSD-800-B) with this Beneficiary Designation.***

### Important Information

This form should be used only:

- to name multiple beneficiaries;
- to name one person for one type of lump sum benefit and another person for another type (i.e., Retired Death Benefit, Option 1, or Temporary Annuity Balance). A separate designation form is required to name someone for each type of lump sum benefit;
- to name someone who has no relationship to you or who is not your closest survivor (i.e., to name a child instead of your spouse); or
- to name a secondary beneficiary when electing an Option 4 for either a 2W & 1 Combined or 3W & 1 Combined. The secondary beneficiary will receive the Option 1 portion if both you and your beneficiary die.

If you do not complete a designation form, all of your lump sum death benefits will **automatically** be paid to your closest living survivor in the following order: spouse, children, parents, brothers and sisters, estate (if probated), trust (if one exists), or other survivors in the order prescribed by law.

Your marriage, initiation of a divorce or annulment, or birth or adoption of a child will **automatically revoke** any beneficiary designation on file. In this event, benefits will be paid to the closest living survivor based on the order shown above.

Your beneficiary can be any person (regardless of relationship to you), a corporation registered with the Secretary of State, your estate, or your trust (if one exists). Payment to an estate cannot be made unless it is probated. To name your trust, give the title and date of the trust and the name and address of the person who has a copy of the document. Do not designate the trustee, since this can change. You may designate your children or grandchildren as a group. You may not designate a guardian to receive benefits for another person.